PTO/SB/22 (12-07)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			Docket Number (Optional)		
FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			491442011700		
			Filed	January 30,	2004
Application Number 10/769,580		Filed	January 30,	2004	
For FIBRE CHANNEL SWITCHED ARBITRATED LOOP SYSTEMS					
Art Unit 2616		Examiner	lan N. M	oore	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.					
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):					
		<u>Fee</u>	Small Entity Fe	<u>ee</u>	
X One month (37 CFR 1.17	′(a)(1))	\$120	\$60	\$	120.00
Two months (37 CFR 1.1	7(a)(2))	\$460	\$230	\$	
Three months (37 CFR 1	.17(a)(3))	\$1050	\$525	\$	
Four months (37 CFR 1.1	17(a)(4))	\$1640	\$820	\$	
Five months (37 CFR 1.1	7(a)(5))	\$2230	\$1115	\$	
A self-rest eleigne and ill artitle status. Can 27 CER 4.07					
Applicant claims small entity status. See 37 CFR 1.27.					
A check in the amount of the fee is enclosed.					
Payment by credit card. Form PTO-2038 is attached.					
The Director has already been authorized to charge fees in this application to a Deposit Account.					
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952 I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide card information and authorization on PTO-2038.					
I am the applicant/inventor.					
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
x attorney or agen	t of record. Regist	ration Number	48,231		
attorney or agent under 37 CFR 1.34.					
Registration number if acting under 37 CFR 1.34					
		December 26, 2007			
Signature		Date			
Mehran Arjomand Typed or printed name			(213) 892-5630 Telephone Number		
2,000					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
Total of1	forms are submitte	d.			

VIA EFS